

**MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)**  
**MINUTES**  
**March 1, 2013**  
**9:00 AM**

Nevada State Health Division (NSHD)  
4150 Technology Way, Room 303  
Carson City, Nevada 89706

Nevada Early Intervention Services (NEIS)  
1020 Ruby Vista Drive, Suite 102  
Elko, Nevada 89801

Health Care Quality and Compliance  
4220 S. Maryland Parkway, Suite 810  
Las Vegas, Nevada 89119

**BOARD MEMBERS PRESENT:**

Candy Hunter, Public Health Nursing Supervisor, Washoe County Health District (WCHD)  
Marsha Matsunaga-Kirgan, MD, University Medical Center (UMC), University of Nevada School of Medicine (UNSOM)  
Bonnie Sorenson, RN, BSN, Southern Nevada Health District (SNHD)  
Joy DeGuzman, MD, Nevada Health Centers (NHC)  
Veronica (Roni) Galas, Division Manager, Carson City Health and Human Services (CCHHS), proxy for Marena Works, Director, CCHHS  
Amanda Spletter, Medical Case Manager, Clark County Department of Family Services (CCDFS)  
Jennifer Cunningham, Family Specialist, Nevada PEP  
Joseph Hardy, MD, Senator  
Tyree Davis, DDS, NHC  
Kami Larsen, MD, FAAP

**BOARD MEMBERS NOT PRESENT:**

Assemblywoman Olivia Diaz

**HEALTH DIVISION STAFF PRESENT:**

Beth Handler, Maternal, Child, and Adolescent Health Section Manager, Bureau of Child, Family & Community Wellness (BCFCW)  
Deborah Aquino, Maternal and Child Health (MCH) Program Manager, BCFCW  
Mary Pennington, Newborn Screening (NBS) Program Manager, Congenital and Inherited Disorders/Early Hearing Detection & Intervention (EHDI), BCFCW  
Perry Smith, Nevada Home Visiting (NHV) Program Manager, BCFCW  
Theresa Bohannon, Epidemiologist, MCH, BCFCW  
Natalie Powell, Adolescent Health Coordinator, BCFCW  
Emily Ayala, Health Resource Analyst, Abstinence Education Grant Program (AEGP), BCFCW  
Laura Hale, Primary Care Office (PCO) Manager, Nevada State Health Division (NSHD)  
Elena Varganova, Biostatistician, Office of Public Health Informatics and Epidemiology (OPHIE), NSHD  
Lily Helzer, Program Coordinator, NHV, BCFCW  
Charles Lednicky, Biostatistician, NHV, BCFCW  
Martha Schott-Bernius, Health Program Manager, Nevada Early Intervention Services (NEIS)  
Amanda Brice, Speech Pathologist, NEIS  
Shannon Bennett, Health Program Specialist, Children and Youth with Special Health Care Needs (CYSHCN), MCH, BCFCW  
Deborah Duchesne, Rape Prevention and Education (RPE) Coordinator, BCFCW  
Tami Smith, Office Manager, BCFCW  
Chris Bashaw-Pearson, Administrative Assistant, MCH, BCFCW  
Michelle Friend, Administrative Assistant, Adolescent Health, BCFCW

**OTHERS PRESENT:**

Barry Lovgren, Public

Jeanne Mahoney, Providers Partnership Project, American Congress of Obstetrician & Gynecologists (ACOG)

Melanie Kauffman, Executive Director, Family TIES of Nevada

Nicole Casillas, NvLEND Trainee, UNR

Holly Lyman, Director, Barbara Greenspun Womens Care Centers of Excellence, St. Rose Hospitals

Patrick Barkley, Medical Services Administrator, CCDFS

Robin Kincaid, Training Services Director, Nevada PEP

Michele Gorelow, Director of Programs, March of Dimes (MOD)

Lawanda Fred, Tribal Liaison, Department of Health and Human Services

Margarita De Santos, Community Health Nurse Manager, Southern Nevada Maternal Child Health Coalition (SNMCHC) Chair

Candy Hunter called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at **9:10 a.m.** Ms. Hunter indicated the meeting was properly posted at the locations listed on the agenda in accordance with Nevada Open Meeting Law (NOML).

**1. ROLL CALL OF BOARD MEMBERS AND INTRODUCTION OF ADDITIONAL PERSONS PRESENT**

Introductions were made and a quorum was established.

**2. APPROVAL OF THE MINUTES FROM THE NOVEMBER 16, 2012 MEETING**

Barry Lovgren stated the word resigned was not correct. Deborah Aquino said the word should have been designed and the correction should read: In 2005, the Perinatal Substance Abuse Prevention (PSAP) subcommittee of this Board designed and the Children's State Fund funded a public education campaign which met both federal and state publicity requirements.

**MOTION: Dr. Kami Larsen moved to approve the minutes with corrections**

**SECOND: Dr. Tyree Davis**

**PASSED: UNANIMOUSLY**

**3. PRESENTATION ON EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) AND BRIGHT FUTURES GUIDELINES**

The presentation was given by Ms. Aquino who shared samples of content from the Bright Futures Guidelines. Bright Futures has age-specific recommendations for physician's and their staff to utilize when conducting infant, child and adolescent doctor visits, pre-visit questionnaires to help parents prepare for their child's next doctor visit, as well as other health education materials. Ms. Aquino asked interested parties to email her at [daquino@health.nv.gov](mailto:daquino@health.nv.gov) if they do not already have access to the Bright Futures materials. Early and periodic screening, diagnosis and treatment (EPSDT) services are available to all children covered by Medicaid and Nevada Check Up. EPSDT is also referred to as Healthy Kids Exams in Nevada. EPSDT aligns with the Bright Futures Guidelines. Information on EPSDT/Healthy Kids was distributed. Ms. Aquino also shared new information on parents' ability to now access their children's immunization records through WebIZ.

Dr. Larsen stated Bright Futures is used in Las Vegas by the residents in their clinic, however not everyone has access to the Bright Futures toolkits because they had to be purchased from the American Academy of Pediatrics (AAP). Dr. Larson stated there was movement toward electronic medical records (EMR) and a lot could be uploaded into the records, but was unsure about private practices.

Dr. Joy DeGuzman stated the program was used during residency and EMR was used at Nevada Health Centers. Dr. DeGuzman stated it was a great program but you could not compel private practices to use. There was a discussion on the cost of EMR and Bright Futures, and software compatibility. Ms. Aquino stated she had Bright Futures DVDs. Amanda Spletter said Clark County Department of Family Services

(CCDFS) used EPSDT and it was part of policy and required. Dr. DeGuzman said the Bright Futures form was not being used in Elko. Since Dr. Larsen was vice-president of the Nevada Chapter of AAP she said she would look into some options.

#### **4. DISCUSSION AND RECOMMENDATION REGARDING CONSIDERATION OF NEW APPOINTEES/AND OR RENEW EXPIRING TERMS FOR MCHAB.**

Ms. Hunter stated the Board could consider a recommendation to the Nevada State Board of Health (BOH) who now have the authority to appoint the membership for the Board. The Board has three members whose terms would end June 2013. They were Dr. Guzman, Ms. Spletter and Marena Works. Ms. Hunter stated she was retiring in December 2013 but would finish her term until June 2014 if allowed.

#### **5. DISCUSSION AND RECOMMENDATIONS OF NEXT STEPS TO ADDRESS MATERNAL MORTALITY IN NEVADA**

Jeanne Mahoney expanded on efforts at the national level and to see how Nevada could improve their practices. Ms. Mahoney mentioned ACOG and the Maternal and Child Health Bureau (MCHB) will be rolling out new recommendations for hospital level care sometime in May of this year. Ms. Mahoney said she was pleased to see that Nevada was moving forward with Maternal Mortality reviews, which Theresa Bohannon had presented at the last MCHAB meeting. Ms. Hunter said she spoke with Dr. Sandra Koch and reported on that discussion. Ms. Hunter noted Senator Joseph Hardy's remarks after the last meeting about taking the Maternal Mortality information and creating targeted intervention based on findings that have been proven effective from other agencies or states.

Ms. Bohannon stated there were issues that need to be addressed in Nevada to improve the reporting of Maternal Mortality, such as funeral directors and doctors improving their reporting on the death certificate and a need for data cleaning. If a Nevada mother died in Utah would her death record get sent to Nevada and Ms. Bohannon confirmed it would be registered here. Ms. Bohannon stated she was interested in moving forward with maternal morbidity analysis, as this is an important step in understanding maternal levels of care. Ms. Bohannon shared with the Board that she made connections with medical epidemiologists at the Centers for Disease Control and Prevention (CDC) to receive technical assistance on this analysis. Ms. Bohannon mentioned a national study will aim to identify women who die postpartum as a result of substance abuse and that Nevada was invited to participate in this study.

Ms. Bohannon discussed some of the population based interventions she researched since the last MCHAB meeting. She also stated she had communicated with Dr. Brian Iriye an OB/GYN from the Las Vegas area, who had co-authored an academic article titled "Putting the M in MFM." Dr. Iriye specializes with high-risk pregnancies and is a subject matter expert in maternal morbidity. Dr. Iriye mentioned an organization out of Arizona called the Arizona Perinatal Trust which works to assess maternal levels of care and they had worked with Sunrise hospital in Las Vegas. Ms. Mahoney mentioned Indiana also had done some extensive work in maternal levels of care and examining maternal morbidity.

Ms. Hunter asked for recommendation regarding the next step and stated last meeting ended with Senator Hardy suggesting hospitals institute changes which have shown improvements and were effective in addressing hypertension, depression, drug abuse and other risk factors. Roni Galas said she thought maternal morbidity data and mortality data went hand in hand. Dr. Marsha Matsunaga-Kirgan said collection data will be challenging. Ms. Mahoney said several groups were trying to define maternal morbidity and listed three different criteria; one, receiving more than three units of blood; two, transferred to an intensive care unit or three, organ system failure. Ms. Mahoney said reviewing hospital discharge codes (ICD-9) makes it easier. Ms. Bohannon said the hospital discharge data in Nevada is not identifiable, which is what makes this analysis so difficult. Many states were requiring hospital reports and incidents of severe morbidity.

Dr. Matsunaga-Kirgan said to make an effort to investigate a hospital rating systems being used and consider whether Nevada should adopt something similar. Morbidity data collection should be considered but Nevada should rely on bigger entities which are developing specific criteria to capture a portion of the morbidity. Dr. Matsunaga-Kirgan moved to pursue and develop a hospital rating system for levels of care using systems already developed as guides. Ms. Bohannon said the California Maternal Quality Care Collaborative (CMQCC) had developed tool kits on hemorrhaging and the group shares resources free of charge; Illinois had also done some similar work. Ms. Mahoney shared that ACOG did not have a hospital rating system but was going to come nationally from MCH with a deadline in May or June 2013. Ms. Bohannon replied she would send Dr. Matsunaga-Kirgan some journal articles and contacts from the CDC regarding collecting morbidity data. Ms. Hunter suggested the topic of collecting morbidity data be carried over to the next meeting and have Ms. Bohannon bring more information. Ms. Aquino said the Maternal Mortality report was being finalized and was waiting for the end of 2012 deaths to be in the system before finalized. Elena Varganova said the 2012 deaths should be in the system by June 2013. Ms. Aquino stated this report could be done annually at the recommendation of the Board.

Ms. Hunter read from Dr. Koch statement, "She was incredibly grateful to have the opportunity to review the data that was collected by Ms. Bohannon and staff and knows there were hundreds of hours of work involved in collecting the data. It was a tough project and was evident from the data that our numbers were small, and a conclusion would be hard to reach." Ms. Hunter said Dr. Koch was working on steps to reach out on all the issues identified by some of the major healthcare providers in the nation. Ms. Hunter asked for a report next meeting even if the report was not finalized. Ms. Bohannon said a report could be done every year but with low numbers of total deaths it might be better to do a report more periodically. However, Ms. Bohannon said the data would always be available if they wanted to request it.

**MOTION: Dr. Matsunaga-Kirgan moved to pursue efforts to develop a hospital rating system for levels of care using systems already developed as guides or the system ACOG develops.**

**SECOND: Dr. Davis**

**PASSED: UNANIMOUSLY**

## **6. REPORTS**

Ms. Aquino introduced new staff: Shannon Bennett, Children and Youth with Special Health Care Needs (CYSHCN) and Christine Bashaw-Pearson, Administrative Assistant 3. Ms. Aquino stated Title V and Substance Abuse Prevention and Treatment Agency (SAPTA) had contracts for media placement and will be completed in the next two weeks. April 4<sup>th</sup> will be the Home Visiting Training in Las Vegas. The new public portal access is open in the Immunization Program. Dr. DeGuzman shared information regarding physicians who were receiving letters and explained they were not losing their federal qualified health status. There was a discussion regarding what would be covered under the Affordable Care Act (ACA). Bonnie Sorenson stated if a lot of providers start dropping out of the program it should be a red flag. Ms. Hunter requested the Immunization Program provide an update. Ms. Aquino said she would look for someone to give an overview and be on the agenda next meeting.

Ms. Hunter continued with Coalition reports. Southern Nevada Maternal Child Health Coalition (MCHC)-- Margarita De Santos, stated Clark County Vital Statistics report on "Recent Trends in Pregnancy Health and Birth Outcomes in Southern Nevada" was presented to the coalition and there was a suggestion to invite a representative from Southern Nevada State Health District's (SNHD) Epidemiology Division. Northern Nevada MCHC—Ms. Hunter reported on Northern MCHC acquiring a new chair and officers. The group met in February and discussed the Pediatric Obstetrics Neonatal Dedicated Support (PONDS) program at St. Mary's. Statewide MCHC—Holly Lyman reported she and Melanie Kauffman submitted on behalf of the State of Nevada the federal grant paperwork for Connecting Kids to Coverage for \$517,000. Thirty-four letters of collaboration support were received from various organizations. Ms. Lyman said the State was providing MCHC with funding for mini grants from \$1,500 to \$15,000 due April 30, 2013. The grants need to address:

- reducing obesity in women of childbearing age

- teen pregnancy prevention
- reducing intimate partner violence
- incident and mortality
- increasing utilization of EPSDT services
- increasing provider knowledge in use of Bright Futures
- providing public education and information on infant nutrition

MCHC is working on the conference with Southern Nevada Immunization and Health Coalition (SNIHC) to take place the end of October in Southern Nevada. The current membership is 119 but the goal is to reach 170 members.

Barry Lovgren stated the program was not meeting the requirements for Nevada Revised Statutes (NRS) 442.385. There was nothing in place which met the requirements for the statute. Mr. Lovgren said page two of the Maternal and Infant Health information sheet said "Ad campaign around treatment centers, priority admittance, and dangers of substance abuse, which would meet both State and Federal requirements for publicizing dangers to substance abuse during pregnancy and the availability of treatment." Mr. Lovgren said this was very promising and after the November 2012 meeting of this Board, Substance Abuse Prevention and Treatment Agency (SAPTA) revised their listing of certified treatment programs and their homepage on the internet. Mr. Lovgren asked the Board to review NRS. 442, which is the statute that establishes this Board, to make sure the statutory duties of this Board and the Health Division were met. Mr. Lovgren said the information sheet also stated during an MCH conference, Dr. Colleen Morris provided information on Fetal Alcohol Spectrum Disorder (FASD), which met the requirement for public education campaign. He attended this meeting and asked Dr. Morris if what she was presenting met the NRS. 442 requirement. Dr. Morris stated she was presenting a CDC publication specific for Fetal Alcohol Syndrome (FAS). Mr. Lovgren said the Health Division had not implemented the Public Education Campaign nor had the School of Medicine developed screening criteria and this Board had not met its statutory duties to assist the Health Division and the School of Medicine. Statutory mandates work on the honor system with no enforcement mechanism. Mr. Lovgren presented to the Board an extract of provisions of NRS. 442 relating to FASD and to have it attached to the minutes of this meeting. Mr. Lovgren ended with FAS is a disease which is completely preventable and FAS is the leading environmental cause of mental retardation in the United States. Mr. Lovgren would like the Board to reexamine the dissolution of the Prenatal Substance Abuse Program (PSAP).

Ms. Hunter asked Mr. Lovgren for a written report to address his concerns and specific recommendations including the resumption of the PSAP committee which would be put on the agenda for further discussion. Mr. Lovgren suggested if a statutory mandate could not be met; develop a Bill Draft Request (BDR) next Legislative Session to relieve the Board of the statute. Ms. Hunter would like to confer with Senator Hardy and Assemblywoman Olivia Diaz on this matter. Ms. Hunter said in working with MCH she felt most statutes were being met and Dr. Larsen could comment on what the University was doing in regards to the guidelines. Jennifer Cunningham said Mr. Lovgren's concerns and recommendations should be put on the next agenda provided the information was received in time.

Ms. Aquino stated for the record at the bottom of the Maternal and Infant Health Program information sheet, Ms. Rivers reported being in the process of developing an online webinar available for new providers, professionals and educators. Another project was Leadership Education Neurodevelopment Disabilities (LEND) Program with the University of Nevada (UNR), learn the signs and act early and one component is FASD.

Michelle Gorelow had a comment regarding Center for Critical Congenital Heart Disease (CCHD) screening and was working on adding it to the Newborn Screening Panel through Senate Bill (SB) 92 and had a hearing on February 19, 2013 but there were still concerns regarding the language. The Senate Committee commented no doctor had testified. The Pediatric Cardiology Group in Nevada refused to testify because one of the doctors thought all babies should have an echocardiogram which was better than the pulse oximetry. Ms. Gorelow was looking for a doctor willing to testify the pulse oximetry was the best available

screening at a low cost. She is also looking for more organizations to support SB. 92. Ms. Gorelow stated approximately 100 incidents were reported and felt this screening would pick up four to five more babies per year. Mary Pennington thanked Ms. Gorelow and Chris Roller for their efforts to get CCHD added to Newborn Screening. Ms. Gorelow said it was the Senate Committee on Health and Human Services who sponsored SB. 92.

#### **7. DISCUSS AND CONFIRM THE NEXT MEETINGS DATE AND AGENDA ITEMS.**

Ms. Hunter said the next meeting was scheduled for May 3, 2013 and was to be a face-to-face in Carson City to discuss the MCH Block Grant annual report and application. The date created a conflict with Board members. Ms. Hunter said there were two suggestions, May 10, or May 31, 2013.

**MOTION: Ms. Cunningham moved to approve the May 3, to be changed to May 10, 2013**

**SECOND: Ms. Spletter**

**PASSED: UNANIMOUSLY**

#### **8. PUBLIC COMMENT**

Dr. Matsunaga-Kirgan said there was a push from the American College of Obstetricians and Gynecologists on the value of Long-Acting Reversible Contraception (LARC). LARC was the use of Intrauterine devices (IUD) or implants which last 3 to 10 years. There was a study from Washington University in St. Louis which received funding to provide the LARC contraception to teenage girls at no charge and found pregnancies dropped. Dr. Matsunaga-Kirgan realized this could not be implemented through this Board but were there suggestions how this could be pursued for Nevada. Ms. Sorenson said Nevada was implementing the LARC program through family planning programs and were using about 600 IUD's per year and targeting the younger population. No parental permission was required and no cost if the teen was unable to pay. Ms. Hunter said the same program was available in the North. Ms. Galas said Douglas County and Carson City provided long acting birth control methods, but Affordable Care Act (ACA) will change many things. Ms. Hunter thought it would be a good idea for the Teen Coalition to make a presentation in the fall. Ms. Hunter said an agenda item would be created regarding awareness of LARC and concern for the rural. Dr. DeGuzman said Elko was hoping to develop LARC.

Meeting was adjourned at **11:00 AM**